Columbia Women's Healthcare

tending to the unique nature of women

Acknowledgement of Receipt of Notice of Privacy Practices		
Patients Name:		
Patient's Address:		
City	State:	Zip:

I have received a copy of the Notice of Privacy Practices for the above named practice.

Patient's Signature:	Date:

For Office Use Only

We are unable to obtain written acknowledgement of receipt of the Notice of Privacy Practices because:
□ An emergency existed & signature was not possible at the time
□ The individual refused to sign
□ A copy was mailed with a request for a signature by return mail
□ Unable to communicate with the patient for the following reason:
□ Other:

Signature:
Date: